In re RICHARD P. ADAMSON KAREN C. ADAMSON

Case No.	09-24035
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Debtor(s)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS	OF DEBTOR AND SI	POUSE		
	RELATIONSHIP(S):	AGE(S):			
Married	Daughter	19			
	Daughter	23			
<b>Employment:</b>	DEBTOR		SPOUSE		
Occupation	TRANS ENGINEER SPECIALIST	CSR SUPERV	ISOR		
Name of Employer	ARIZONA DEPT OF TRANSPORTATION	UPS			
How long employed	3 YRS	11 YRS			
Address of Employer		P.O. BOX 945	15		
1 3	Phoenix, AZ 85017	Palatine, IL 60	0094		
INCOME: (Estimate of average or	projected monthly income at time case filed)	•	DEBTOR		SPOUSE
	d commissions (Prorate if not paid monthly)	\$	4,420.00	\$	2,303.00
2. Estimate monthly overtime	•	\$	0.00	\$	0.00
				_	
3. SUBTOTAL		\$	4,420.00	\$	2,303.00
4. LESS PAYROLL DEDUCTION	JS				
a. Payroll taxes and social sec		\$	540.00	\$	324.00
b. Insurance	curry	\$ <del>-</del>	232.93	\$ <del></del>	0.00
c. Union dues		<u> </u>	0.00	\$ <del></del>	0.00
	(K) STATE OF ARIZONA	\$ <del>-</del>	390.52	\$ —	0.00
d. Other (speerry).	(N) OTATE OF ANIZONA		0.00	\$	0.00
		Ψ_	0.00	Ψ	0.00
5. SUBTOTAL OF PAYROLL DE	EDUCTIONS	\$_	1,163.45	\$	324.00
6. TOTAL NET MONTHLY TAK	E HOME PAY	\$	3,256.55	\$	1,979.00
	of business or profession or farm (Attach detailed stat	rement) \$_	0.00	\$	0.00
8. Income from real property		\$	0.00	\$	0.00
9. Interest and dividends		\$	0.00	\$	0.00
	ort payments payable to the debtor for the debtor's use		0.00	Ф	0.00
dependents listed above		\$ <u> </u>	0.00	\$	0.00
11. Social security or government a	assistance	Φ.		Ф	
(Specify):			0.00	\$ <u></u>	0.00
10 D			0.00	\$	0.00
12. Pension or retirement income		\$_	0.00	\$	0.00
13. Other monthly income					
(Specify):		\$	0.00	\$	0.00
			0.00	\$	0.00
14. SUBTOTAL OF LINES 7 THE	ROUGH 13	\$_	0.00	\$	0.00
15. AVERAGE MONTHLY INCO	OME (Add amounts shown on lines 6 and 14)	\$_	3,256.55	\$	1,979.00
16. COMBINED AVERAGE MON	NTHLY INCOME: (Combine column totals from line	: 15)	\$	5,235	.55

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

DEBTOR IS STATE EMPLOYEE FACING CONTINOUS FURLOUGHS AND PAYCUTS IN THE FUTURE DUE TO BUDGET CUTS.

In re

RICHARD P. ADAMSON KAREN C. ADAMSON

Debtor(s)	

Case No. **09-24035** 

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of

expenditures labeled "Spouse."		
1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,600.00
a. Are real estate taxes included? Yes X No		
b. Is property insurance included? Yes X No		
2. Utilities: a. Electricity and heating fuel	\$	275.00
b. Water and sewer	\$	65.00
c. Telephone	\$	60.00
d. Other OTHER UTILITIES	\$	84.00
3. Home maintenance (repairs and upkeep)	\$	100.00
4. Food	\$	900.00
5. Clothing	\$	60.00
6. Laundry and dry cleaning	\$	60.00
7. Medical and dental expenses	\$	240.00
8. Transportation (not including car payments)	\$	200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	200.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	22.00
c. Health	\$	0.00
d. Auto	\$	300.00
e. Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)	·	
(Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the		
plan)		
a. Auto	\$	0.00
b. Other See Detailed Expense Attachment	\$	1,150.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other CELL PHONE	\$	70.00
Other MISCELLANEOUS EXPENSES	\$	120.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and,	\$	5,506.00
if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	-	
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year		
following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME	_	
a. Average monthly income from Line 15 of Schedule I	\$	5,235.55
b. Average monthly expenses from Line 18 above	\$	5,506.00
c. Monthly net income (a. minus b.)	\$	-270.45

B6J (Offi	icial Form 6J) (12/07)
	RICHARD P. ADAMSON
In re	KAREN C. ADAMSON

KAREN C. ADAMSON

Debtor(s)

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED Detailed Expense Attachment

### **Other Installment Payments:**

2ND ON HOUSE	\$	475.00
ACS -IRS PAYMENTS	\$	200.00
3RD ON HOUSE	<u> </u>	475.00
Total Other Installment Payments	\$	1,150.00

RICHARD P. ADAMSON
In re
KAREN C. ADAMSON

Debtor(s)

Case Number:

O9-24035

(If known)

The presumption does not arise.

The presumption is temporarily inapplicable.

### **AMENDED**

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
111	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

	Part II. CALCULATION OF MONTHLY	Y INCOME FOR § 707(b)(7	7) EXCLUSIO	N
	Marital/filing status. Check the box that applies and complete		ement as directed.	
	a. Unmarried. Complete only Column A ("Debtor's Inco	<i>'</i>		
	b. Married, not filing jointly, with declaration of separate l			
2	"My spouse and I are legally separated under applicable n purpose of evading the requirements of § 707(b)(2)(A) of			
	for Lines 3-11.	the Bankruptey Code. Complete of	omy column II ( D	cotor s meome )
	c. $\square$ Married, not filing jointly, without the declaration of se	parate households set out in Line 2.1	b above. Complete	both Column A
	("Debtor's Income") and Column B ("Spouse's Income			
	d. Married, filing jointly. Complete both Column A ("De		'Spouse's Income"	) for Lines 3-11.
	All figures must reflect average monthly income received from		Column A	Column B
	calendar months prior to filing the bankruptcy case, ending on the filing. If the amount of monthly income varied during the	Debtor's	Spouse's	
	six-month total by six, and enter the result on the appropriate li		Income	Income
3	Gross wages, salary, tips, bonuses, overtime, commissions.		\$ 4,420.75	5 \$ 2,303.86
	Income from the operation of a business, profession or farm	Subtract Line b from Line a and	,	,
	enter the difference in the appropriate column(s) of Line 4. If	you operate more than one		
	business, profession or farm, enter aggregate numbers and prov			
4	not enter a number less than zero. Do not include any part of Line b as a deduction in Part V.	f the business expenses entered on		
4	Det	otor Spouse	۱	
	a. Gross receipts \$	0.00 \$ 0.00	1	
	b. Ordinary and necessary business expenses \$	0.00 \$ 0.00		
	c. Business income Subtract L	ine b from Line a	\$ 0.00	0.00
	Rents and other real property income. Subtract Line b from			
	the appropriate column(s) of Line 5. Do not enter a number le			
5	part of the operating expenses entered on Line b as a deduc		1	
3	a. Gross receipts \$	0.00 \$ 0.00	1	
	b. Ordinary and necessary operating expenses \$	0.00 \$ 0.00	1	
		ine b from Line a	] \$ 0.00	\$ 0.00
6	Interest, dividends, and royalties.		\$ 0.00	\$ 0.00
7	Pension and retirement income.		\$ 0.00	\$ 0.00
	Any amounts paid by another person or entity, on a regular			
8	expenses of the debtor or the debtor's dependents, including purpose. Do not include alimony or separate maintenance pays			
	spouse if Column B is completed.	ments of amounts paid by your	\$ 0.00	\$ 0.00
	<b>Unemployment compensation.</b> Enter the amount in the appropriate the amount in	priate column(s) of Line 9.		
	However, if you contend that unemployment compensation rec	ceived by you or your spouse was a		
9	benefit under the Social Security Act, do not list the amount of	f such compensation in Column A		
	or B, but instead state the amount in the space below:		1	
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$	<b>0.00</b> Spouse \$ <b>0.00</b>	<sub>\$</sub> 0.00	0.00
	or a continuation and social security flor	1	\$ 0.00	5 0.00
	<b>Income from all other sources.</b> Specify source and amount. I on a separate page. <b>Do not include alimony or separate main</b>			
	spouse if Column B is completed, but include all other payn			
	maintenance. Do not include any benefits received under the S			
10	received as a victim of a war crime, crime against humanity, or domestic terrorism.			
10		btor Spouse	1	
	a. \$	\$	1	
	b. \$	\$	]	
	Total and enter on Line 10	\$ 0.00	\$ 0.00	
11	Subtotal of Current Monthly Income for § 707(b)(7). Add L		f	
	Column B is completed, add Lines 3 through 10 in Column B.	Enter the total(s).	\$ 4,420.75	5 \$ 2,303.86

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		6,724.61	
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION			
13	d \$	80,695.32		
Applicable median family income. Enter the median family income for the applicable state and household size.  (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: AZ b. Enter debtor's household size: 4	\$	71,867.00	
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.  ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.		ot arise" at the	
	■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement	nt.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCUL	ATION OF CUF	RREN'	T MONTHLY INCOM	ME FOR § 707(b)(2	2)	
16	16 Enter the amount from Line 12.				\$	6,724.61	
17							
	a. b.			\$ \$			
	c.			\$ \$			
	d.			\$			
	Total and enter on Line 17			<u>.</u>		\$	0.00
18	Current monthly income for § 70	7(b)(2). Subtract Lin	ne 17 fro	om Line 16 and enter the resu	ılt.	\$	6,724.61
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)  National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)			\$	1,370.00			
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.  Household members under 65 years of age  Household members 65 years of age or older						
	a1. Allowance per member						
	b1. Number of members		b2.	Number of members	0	Φ.	040.00
-	c1. Subtotal	240.00		Subtotal	0.00	\$	240.00
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).			\$	509.00		

20B	Hous availa Mont	I Standards: housing and utilities; mortgage/rent expense. Ending and Utilities Standards; mortgage/rent expense for your courable at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy cathly Payments for any debts secured by your home, as stated in Lesult in Line 20B. <b>Do not enter an amount less than zero.</b>	ity and household size (this information ourt); enter on Line b the total of the	tion is Average			
200		a. IRS Housing and Utilities Standards; mortgage/rental expense \$ 1,210.00					
	b.	Average Monthly Payment for any debts secured by your	Ψ	1,210.00			
		home, if any, as stated in Line 42	\$	2,535.00			
	c.	Net mortgage/rental expense	Subtract Line b from Line a.		\$	0.00	
21	20B of Stand	I Standards: housing and utilities; adjustment. If you contend does not accurately compute the allowance to which you are entilards, enter any additional amount to which you contend you are ention in the space below:	tled under the IRS Housing and Util	ities	\$	0.00	
	You a	I Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of the end regardless of whether you use public transportation.	f whether you pay the expenses of o	_			
22A	inclu	k the number of vehicles for which you pay the operating expens ded as a contribution to your household expenses in Line 8.	es or for which the operating expens	ses are			
		$\square$ 1 $\square$ 2 or more.					
	Trans	a checked 0, enter on Line 22A the "Public Transportation" amore sportation. If you checked 1 or 2 or more, enter on Line 22A the dards: Transportation for the applicable number of vehicles in the us Region. (These amounts are available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	"Operating Costs" amount from IRS applicable Metropolitan Statistical	Area or	\$	464.00	
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)			\$	0.00		
23	you covehice  1  Enter (avail Mont	l Standards: transportation ownership/lease expense; Vehicle claim an ownership/lease expense. (You may not claim an ownershes.)  □ 2 or more.  □ 1 or more.  □ 2 or more.  □ 2 or more.  □ 3 or more claim an ownership Costs for "One Car" from the claim at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the payments for any debts secured by Vehicle 1, as stated in Linescalt in Line 23. Do not enter an amount less than zero.	ship/lease expense for more than two e IRS Local Standards: Transportati court); enter in Line b the total of the	on e Average			
	a.		\$	0.00			
	a.	Average Monthly Payment for any debts secured by Vehicle	Ψ	0.00			
	b.	1, as stated in Line 42	\$	0.00			
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		\$	0.00	
24	the "2 Enter (avail Mont	I Standards: transportation ownership/lease expense; Vehicle 2 or more" Box in Line 23.  The control of the standard of the st	e IRS Local Standards: Transportation court); enter in Line b the total of the ne 42; subtract Line b from Line a a	on e Average nd enter			
	a.	IRS Transportation Standards, Ownership Costs	\$	0.00			
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	0.00			
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.		\$	0.00	
25	state	r Necessary Expenses: taxes. Enter the total average monthly enand local taxes, other than real estate and sales taxes, such as incity taxes, and Medicare taxes. Do not include real estate or sale	ome taxes, self employment taxes, s			964.00	
		<u>·</u>			\$	904.00	
26	dedu	r Necessary Expenses: involuntary deductions for employment ctions that are required for your employment, such as retirement ot include discretionary amounts, such as voluntary 401(k) co	contributions, union dues, and unifo		\$	390.52	

27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$	22.00		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$	0.00		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	70.00		
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$	4,029.52		
	Subpart B: Additional Living Expense Deductions	I			
	Note: Do not include any expenses that you have listed in Lines 19-32				
24	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
34	a. Health Insurance \$ 232.93				
	b. Disability Insurance \$ 0.00				
	c. Health Savings Account \$ 0.00	\$	232.93		
	Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$				
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$	0.00		
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$	0.00		
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$	0.00		
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				

	T					
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					0.00
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).					0.00
41		ns under § 707(b). Enter the total of			\$	232.93
	<del>-</del>	Subpart C: Deductions for De			Ψ	202.30
	T	-		manty that you		
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
	Name of Creditor	Property Securing the Debt	Average Monthly Paymen	Does payment include taxes or insurance?		
	a. Citimortgage Inc	2300 N. BULLMOOSE DR. CHANDLER, AZ 85224	\$ 1,600.00	yes □no		
	b. Usaa Federal Savings B	2300 N. BULLMOOSE DR. CHANDLER, AZ 85224	\$ 460.00	□yes ■no		
	c. Usaa Federal Savings B	2300 N. BULLMOOSE DR. CHANDLER, AZ 85224	\$ 475.00	□yes ■no		
			Total: Add Line	3	\$	2,535.00
		Property Securing the Debt 2300 N. BULLMOOSE DR. CHANDLER, AZ 85224	ure. List and total any			
	b. Usaa Federal Savings B	2300 N. BULLMOOSE DR. CHANDLER, AZ 85224	\$	26.67		
		,		Total: Add Lines	\$	160.00
44		aims. Enter the total amount, divided by claims, for which you were liable at h as those set out in Line 28.			\$	0.00
	Chapter 13 administrative expenses chart, multiply the amount in line a b		1			
45	issued by the Executive Office information is available at we the bankruptcy court.)	hapter 13 plan payment. istrict as determined under schedules be for United States Trustees. (This ww.usdoj.gov/ust/ or from the clerk of tive expense of Chapter 13 case	\$ x Total: Multiply Li	10.00 nes a and b	\$	0.00
46		t. Enter the total of Lines 42 through 4			\$	2,695.00
+0	_	Subpart D: Total Deductions			Φ	2,095.00
47		er § 707(b)(2). Enter the total of Line			\$	6,957.45
71			•	PTION	Ψ	3,007.40
48	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION  Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$	6,724.61
	1					•

49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$ 6,957.45					
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$ -232.84					
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$ -13,970.40					
52	Initial presumption determination. Check the applicable box and proceed as directed.						
	■ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
	☐ The amount set forth on Line 51 is more than \$10,950 Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.						
	☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).						
53	Enter the amount of your total non-priority unsecured debt	\$					
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$					
55	Secondary presumption determination. Check the applicable box and proceed as directed.						
	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE CLAIMS						
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
	Expense Description Monthly Amoun	nt					
	a.	]					
	b.	_					
	d.   \$						
	Total: Add Lines a, b, c, and d \$	<u> </u>					
Part VIII. VERIFICATION							
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)						
	Date: December 23, 2009 Signature: /s/ RICHARD P. ADAMSON	١					
	RICHARD P. ADAMSON	<del></del>					
57	(Debtor)						
	Date: December 23, 2009 Signature /s/ KAREN C. ADAMSON						
	KAREN C. ADAMSON (Joint Debtor, if an	ıy)					

# **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 03/01/2009 to 08/31/2009.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: WAGES

Year-to-Date Income:

Starting Year-to-Date Income: \$13,262.49 from check dated 2/28/2009 Ending Year-to-Date Income: \$39,787.00 from check dated 8/31/2009 .

Income for six-month period (Ending-Starting): \$26,524.51 .

Average Monthly Income: \$4,420.75.

## **Current Monthly Income Details for the Debtor's Spouse**

### **Spouse Income Details:**

Income for the Period **03/01/2009** to **08/31/2009**.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: WAGES

Year-to-Date Income:

Income for six-month period (Ending-Starting): \$13,823.15 .

Average Monthly Income: \$2,303.86.